

2005 GSA/FTS Award Submission for Group/Team Accomplishment

- 1) Award Category (Choose One):
- ☐ **Executive Excellence** – Sustained contribution to the FTS effort in a Senior Management or Leadership role.
- ☐ **Management/Administrative Excellence** – Significant achievement in acquisition of telecommunications services, in management of telecommunications systems and/or networks, and noteworthy accomplishments in support of FTS networks or projects, i.e., for training, procurement, policy or other areas in support of FTS.
- ☐ **Technical Excellence** – Innovative uses of FTS services in a large network or provision of other telecommunications services, providing technically superior network design, conversion or implementations through the use of FTS services.
- ☐ **Cost Effectiveness** – Significant achievement in improving the cost effectiveness of agency networks or systems using FTS services, resulting in substantial cost reductions to the agency.
- ☐ **Small Agency** – (Independent agencies of 6,000 FTE or less) – Significant achievement in the use of FTS to further small agency mission and goals. Noteworthy technical, administrative or managerial efforts through the utilization of FTS service.

- 2) FTS Telecommunications Service (Choose One):
- ☐ AT&T Network ☐ Sprint Network ☐ Other _____
- ☐ MCI Network ☐ Regional/Local Telecommunications

- 3) Group Name: _____
- Team Leader Name: Mr. ☐ Ms. ☐

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

- 4) Supervisor Name: Mr. ☐ Ms. ☐

Title: _____

Phone: _____ FAX: _____

Email Address: _____

Employment Address: _____

Supervisor's Signature: _____ Date: _____

Will you be attending the Conference? ☐ YES ☐ NO

2005 GSA/FTS Award Submission for Group/Team Accomplishment

5) Person submitting this Award Nomination: Mr. ☐ Ms. ☐

Title: _____

Phone: _____ FAX: _____

Email Address: _____

Employment Address: _____

Will you be attending the conference? ☐ YES ☐ NO

6) Interagency Management Council (IMC) member for your agency:

Name	Title	Phone #
------	-------	---------

Will IMC Member be attending the conference?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

7) Other Team Members (Complete the information below FOR EACH team member. Provide extra page if necessary.)

Name: Mr. ☐ Ms. ☐

Title: _____

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

Name: Mr. ☐ Ms. ☐

Title: _____

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

2005 GSA/FTS Award Submission for Group/Team Accomplishment

Name: Mr. ☐ Ms. ☐

Title: _____

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

Name: Mr. ☐ Ms. ☐

Title: _____

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

Name: Mr. ☐ Ms. ☐

Title: _____

Agency: _____ Bureau: _____

Mailing Address: _____

Region: _____ Office Symbol: _____

Phone: _____ FAX: _____

Email Address: _____

Social Security Number: _____ Retirement ☐ CSRS ☐ FERS

W2 Mailing Address (usually home) _____

Will you be attending the Conference? ☐ YES ☐ NO

2005 GSA/FTS Award Submission for Group/Team Accomplishment

- 8) Description of Accomplishment (please be specific, yet concise, to describe what was achieved, why it was undertaken, what were the objectives, for whom was it done, where was it done, what was your specific role, the significance/benefit achieved and monetary savings if applicable):

- 9) Proposed Plaque Citation (**a one sentence citation, two or three lines in length**, beginning with the word “For”, which summarizes the accomplishments for which the group is being recognized):

- 10) The original signed copy of this nomination form should be received by **May 2, 2005**. Please forward to:

Martha Gerard
GSA/FTS Awards Committee
2nd Floor - Room 2F17
10304 Eaton Place
Fairfax, Virginia 22030

(W)-703-306-6208
martha.gerard@gsa.gov